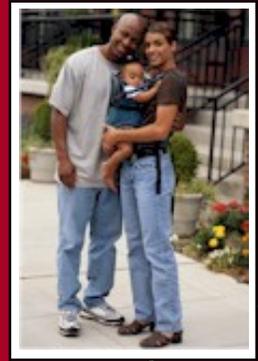


# Healthiest Wisconsin 2010:

## Executive Summary

*A Partnership  
Plan to Improve  
the Health of  
the Public*



Part I of a report from the Wisconsin Turning Point Transformation Team to the Wisconsin Department of Health and Family Services

In fulfillment of the legislative requirement to develop a state public health plan at least once every ten years as required in s.250.07 Wisconsin Statutes.



# Healthiest Wisconsin 2010



PART I:  
**A PARTNERSHIP PLAN TO  
IMPROVE THE  
HEALTH OF THE PUBLIC**

## **Executive Summary**

Created by the Wisconsin Turning Point Transformation Team for the Wisconsin Department of Health and Family Services and Wisconsin's Public Health System Partners. This document fulfills the legislative requirement to develop a state health plan at least once every ten years as required in s.250.07, Wis. Stats.



## ***Dedication to the People of Wisconsin***

THE WISCONSIN TURNING POINT INITIATIVE presents and dedicates this transformational public health plan to the people of Wisconsin. The 21st Century is a time of great changes in prevention, health care, scientific knowledge, and technology. It is a time during which we know much about what protects health and prevents disease, injury, premature death, and disability. It is a time when we know much about social and economic influences on health, including labor market forces, and recognizes that maintaining a healthy workforce makes good business sense. It is also a time when we know much about the threats to health, the causes of injury, premature death, and disability, as well as recognizing that serious problems from the previous century still exist. To protect health calls us to focus on the public health system as a whole. This requires sustainable partnerships between the people, their government, and the public, private, nonprofit and voluntary sectors throughout Wisconsin. Achieving a transformation of the state public health system requires the development of a meaningful, integrated implementation plan, one that addresses multiple partners involved in the public health system. Finally, a transformation requires passion, commitment, and perseverance—especially when the going gets tough.

The Turning Point Transformation Team hopes that this plan and framework will provide the pathway to eliminate health disparities and transform Wisconsin's public health system to protect and promote health for all. In doing so, there is great optimism that the shared vision of healthy people in healthy Wisconsin communities will be achieved, thereby eliminating health disparities and transforming Wisconsin's public health system to protect and promote the health for all.



## ***Robert Wood Johnson Foundation***

THE WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES and its Turning Point Initiative extends its gratitude to the Robert Wood Johnson Foundation. Their support and resources have been instrumental to the collaborative strategic planning processes used in preparing this report. This has resulted in a transformational plan where all Wisconsin residents are the direct beneficiaries.

The Robert Wood Johnson Foundation, based in Princeton, New Jersey, is the nation's largest philanthropy devoted exclusively to health and health care. It concentrates its grant making in three goal areas: to assure that all Americans have access to basic health care at reasonable cost; to improve care and support for people with chronic health conditions; and to reduce the personal, social, and economic harm caused by substance abuse—of tobacco, alcohol, and illicit drugs.



***A Letter from  
Phyllis J. Dubé, Secretary***

WISCONSIN DEPARTMENT OF HEALTH AND FAMILY SERVICES

The following document is the Executive Summary for the Wisconsin State 2010 Health Plan for the decade. The development of a State Health Plan is a statutory requirement of the Department of Health and Family Services. However, the creation of this document and the responsibility to see that the plan is implemented has been, is and will continue to be the job of all of Wisconsin's public health partners. These partners are in the governmental sector at the state and local level; in the not for profit sector; and in the private sector. This plan is the document of all Wisconsin citizens and the responsibility of all citizens.

I would like to thank the authors of this document, the Turning Point Transformation Team. This group of public health partners from all sectors spent over two years developing this plan. Scores worked directly on it and hundreds across Wisconsin reviewed it and made comments on the various drafts.

Sincerely,

A handwritten signature in black ink that reads "Phyllis J. Dubé". The signature is written in a cursive style with a large, sweeping initial "P".

Phyllis J. Dubé  
Secretary





# Executive Summary

## INTRODUCTION

This document is an executive summary of *Healthiest Wisconsin 2010: A Partnership Plan to Improve the Health of the Public*—the Wisconsin Health Plan for the next decade. The health plan was developed by the Transformation Team—a group of over forty individuals representing all segments of the public health partnership. This two-year effort known as “Turning Point” was partially funded by the Robert Wood Johnson Foundation. A complimentary volume, the Implementation Plan, currently being developed by an even larger group of public health partners is expected to be available later in 2001.

The Wisconsin Health Plan for 2010 was developed not only to comply with Wisconsin statutes (s.250.07, Wis Stats), but also to define “public health” and the 12 essential public health services. The document describes the 5 system (infrastructure) priorities and the 11 health priorities that will set the stage for public health programs over the next ten years. By concentrating efforts on these priorities, as well as following the mission of public health and the core values as described in this health plan, the public health system partners will be able to achieve the public health vision identified—Healthy People in Healthy Wisconsin Communities.

### **Definition of Public Health**

Public health is defined as a system, a social enterprise, whose focus is on the population as a whole. The public health system seeks to

extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population (Turnock, 2001) in several key areas (Public Health Functions Committee, 1994):

1. Prevent injury, illness and the spread of disease.
2. Create a healthful environment and protect against environmental hazards.
3. Promote and engage healthy behaviors and promote mental health.
4. Respond to disasters and assist communities in recovery.
5. Promote accessible, high quality health services.

### ***Vision: Healthy People in Healthy Wisconsin Communities***

A healthy Wisconsin is a place where...

- All individuals reach their highest potential.
- Communities support the physical, emotional, mental, spiritual, and cultural needs of all people.
- People work together to create healthy, sustainable physical and social environments for their benefit and that of future generations.

### ***Mission: to Protect and Promote the Health of the People of Wisconsin***

The relationship between healthy people and healthy communities is clear. Building good health begins at the family and neighborhood

levels, with each of those entities connecting to ever larger groups—local government, the county, the state, the nation and the world. Global environmental, economic and political events will affect local opportunities for success. Each level affects the others, yet the beginning is the family and local community. That is where the initial strong base must be built, the foundation on which all other health rests.

### ***Core Principles and Values that Support the Transformation of Wisconsin's Public Health System***

As the partners who developed this plan began discussing how they carried out their public health functions, it became clear that there were common underlying principles and values to guide progress for the future. These principles and core values have been widely supported throughout Wisconsin and have been endorsed by five Community Review Teams. They rest upon a shared belief in social justice, the common good, and creating a positive future for Wisconsin residents. Understanding these principles and using them as a touchstone will strengthen public health system partners' efforts to create and sustain healthy individuals, families, and communities.

1. If everyone in Wisconsin works together to guarantee access to health services, health information, and environmental protection, the public health system will be able to create and sustain healthy communities and individuals.
2. A strong public health system can help create an environment where individuals are more likely to reach their fullest potential.
3. Prevention is the most effective public health strategy.
4. "Good health" results from the positive interaction of physical, mental, emotional, spiritual, cultural and environmental forces.
5. Collaboration is key to success. No single sector or agency can accomplish the goal of improved public health. Collaboration, partnerships, and resource sharing will provide the maximum benefit for communities.
6. Government has a responsibility to establish leadership and facilitate the achievement of the public health mission and vision in Wisconsin. While governmental agencies cannot and should not be made solely responsible for guaranteeing the public's health, they can and should take responsibility for seeing that the appropriate people and groups come together to address public health issues.
7. The public health system must provide a voice for all. It is important to actively include and listen to the voices for all people and to honor the perspectives of diverse cultures.
8. All Wisconsin residents deserve a basic level of health services. Improved individual and community health will happen when basic health services are affordable for all and access does not depend on race, cultural heritage, or geographic location within the state.
9. The more decisions are based on reliable data, better public health decisions will be made. The public health system should work to provide reliable, meaningful data to those involved in making public or private health decisions (including citizens, elected officials, and advocacy groups).
10. Privacy and confidentiality must be assured. It is important to the people of Wisconsin.
11. Sound decisions are data-driven and based on well-established principles and practices that are well-established in the biomedical, social, and environmental sciences.



## **Goal 1: Protect and Promote the Health for All**

### **Overview**

This goal addresses the need to protect and promote health by creating conditions in which all residents of Wisconsin can be healthy. It seeks to increase the quality of life by creating conditions in which individuals, families, and communities can be healthy. Health in this context is defined as “a state of well-being and the capability to function in the face of changing circumstances” (Durch, Bailey, & Stoto, 1997). Health includes both personal and societal dimensions. The personal dimension of health includes acquiring knowledge, acting upon that knowledge, and creating healthful opportunities for individuals and families to make decisions. The societal dimension of health includes coordinated efforts within the community in partnership with the public health system to assure conditions in which people can be healthy. This includes developing and sustaining collaborative efforts aimed at promoting and protecting health in the context of the entire community and its environments to include physical, social, and environmental health. Personal and societal dimensions are interconnected and as such exert significant potential to increase life expectancy and increase the quality of life. Quality of life reflects a general sense of happiness and satisfaction with individual lives and the community environment. Quality of life includes all aspects of life including health, schooling, occupation, recreation, culture, rights, values, beliefs, spirituality, and aspirations (U.S. Department of Health and Human Services, 2000).

Public health is grounded in the belief that prevention is the vehicle by which health status is attained and maintained. There has been considerable debate in the public health arena over the meaning of prevention and much criticism by what some term the “deficit-based” nature of prevention. This plan encompasses a comprehensive model of prevention that includes both reducing risk factors and behaviors while simultaneously

enhancing protective factors and behaviors (assets, resiliency). This has been, and will continue to be, the underlying foundation of this plan and its subsequent implementation plan for the year 2010. Efforts will be directed to reducing and eliminating some factors that are harmful to health, such as tobacco use. To take only a “strengths based” approach to prevention would be short sighted and neglect of some of the most critical and powerful risk factors that jeopardize the health of the public. At the same time, focusing only on risk factors fails to build the capacity of the Wisconsin people and the resource-base available to them in their families, neighborhoods, and communities. Therefore, efforts among the partners must be directed to increasing the skills and resources available to people that are directly related to sound public health practice. Prevention in Wisconsin is not a “one-sided coin.” It embraces a multifaceted approach of both reducing risks and enhancing safeguards to protect and promote the health of the public.

Protecting health for all requires an understanding of the complex and diverse processes (determinants of health) that produce health or result in disease, injury, and premature death and disability in individuals, families, and the community as a whole. Health is not solely dependent on medical care. Health is influenced by factors that include individual behavior, disease, biology, social and physical environments, genetic endowment, access to care, well-being, and prosperity (Evans & Stoddart, 1994). Moreover, social, environmental, economic, and genetic factors are seen as contributing to differences in health status, and therefore, as presenting opportunities for the public health system partners to intervene at the individual, family, and community-wide levels (Durch, Bailey & Stoto, 1997). The health of individuals and families is interdependent and interwoven with the health of the community. Healthy people and families contribute to healthy neighborhoods. Healthy neighborhoods contribute to healthy communities. Healthy communities contribute to the health of the state. Healthy states contribute to the health of the nation. Healthy nations con-

tribute to the health of the world. The power of this interrelationship has the potential to result in profound benefits for all.

## **Goal 2: Eliminate Health Disparities**

### **Overview**

This goal seeks to eliminate health disparities with a particular emphasis on socially and economically disadvantaged population groups throughout Wisconsin. Elevating the health for populations most at risk elevates the health for all. Health disparities are best understood as significant gaps in health status and are the result of the interaction of many factors, both individual and societal. Some of these factors include age and gender differences, social inequalities, culturally inappropriate health care and education, inadequate financial resources, language barriers, geographic distinctiveness, the location and supply of health care providers, and insensitivity to sexual orientation or special health care needs.

Wisconsin has a sound health care system. This includes a strong base of employer-sponsored health insurance coverage, an extensive Medicaid program, a supplemental state Medicaid administered insurance program in BadgerCare, resulting in low numbers of uninsured. However, racial and ethnic disparities in health still exist in Wisconsin. Disparities in health status between majority and non-majority populations is linked to education, environment, income and other socioeconomic factors, as well as race and ethnicity, culture, and lack of access to quality health care and preventive health services. The disease burden among racial and ethnic populations in Wisconsin is evidenced by higher rates of infant mortality, cancer, cardiovascular disease and stroke, diabetes, HIV/AIDS, asthma, and unintended injuries (Wisconsin Department of Health and Social Services, 1993).

Racial and ethnic minority groups reside throughout the state and constitute about 13 percent of Wisconsin's population (U.S. Census Bureau, 2000). African Americans represent the largest racial and ethnic group

in Wisconsin, followed by Hispanic/Latinos, Asians, and American Indians. A majority of African Americans are concentrated in the metropolitan and/or urban areas of southeastern and southern Wisconsin. American Indians, on the other hand, are distributed between tribal, rural and urban communities, with an increasing number living in metropolitan areas. The Asian population is generally located in the southeastern and northeastern metropolitan areas of the state and consists primarily of Hmong, Laotian, Vietnamese, and Cambodian populations. In contrast, Hispanic/Latinos, consisting primarily of Mexican American, Puerto Rican, Cuban, and Central and South American groups, live throughout Wisconsin, with a majority living in the southeastern region of the state (Wisconsin Department of Health and Family Services, 2001).

Eliminating health disparities in racial and ethnic minority populations demands a major commitment to identify and address the underlying causes of higher levels of disease and disability. Moreover, effective delivery of preventive and treatment services will require working more closely with these communities to identify implementation strategies that are culturally sensitive and linguistically appropriate (U.S. Department of Health and Human Services, 2000).

Socioeconomic disparities in health have been identified over time and place and are perpetuated by social and economic inequalities, inadequate resources, poor nutrition, inadequate educational opportunities, unsafe living and working conditions, and poor access to quality health care. In 1990, a majority of persons in poverty defined themselves as white. Nonetheless, within Wisconsin's racial and ethnic groups, the proportion of persons in poverty was much higher than in the total Wisconsin population (U.S. Census Bureau, 1990).

Gender disparities are evident in that women suffer more from depression and osteoporosis than men. Also, although women have heart attacks less frequently than men in their middle years, women have atypical warning symptoms and are more likely to die from a heart attack (U.S. Department of Health and Human Services, 2000). Overall,



men have a lower life expectancy and higher death rates from leading causes than women (U.S. Department of Health and Human Services, 2000). Age disparities are common as well. For example, the elderly are afflicted more by conditions ranging from cancers to cardiac disease to suicide, and the morbidity from these diseases dramatically increases with age. Conditions that occur more frequently among young adults include schizophrenia and sexually transmitted diseases.

Wisconsin's communities are becoming increasingly more diverse. Therefore, the future of the health of Wisconsin will be influenced by our success in eliminating health disparities across different racial/ethnic, cultural, linguistic, sexual, geographic, social and economically diverse groups.

### **Goal 3: Transform Wisconsin's Public Health System**

#### **Overview**

This goal seeks to transform Wisconsin's public health system into a coordinated, effective, and sustainable system. A strong public health system embodying sustainable collaborative partnerships can deliver untold benefits to the people of Wisconsin. These benefits include protecting health, improving the quality of life, extending life expectancy, and containing the costs of health care.

The public health system is best understood as a broad enterprise, anchored in government. It is a partnership for collective action between government and its partners in the public, private, nonprofit, and voluntary sectors who work toward the attainment of their shared vision of "healthy people in healthy Wisconsin communities."

The public health system focuses its efforts to the population as a whole. "The public health system seeks to extend the benefits of current knowledge in ways that will have maximum impact on the health status of the entire population. It is a collective effort to identify and address the unacceptable realities that result in preventable and avoidable health outcomes" (Turnock, 2001).

Health and illness are influenced by the interaction of multiple factors that include individual behavior, disease, biology, social and physical environments, genetic endowment, access to care, well-being, and prosperity (Evans & Stoddart, 1994). These factors are known as the "determinants of health." Moreover, health and illness can be impacted at a variety of levels—primary, secondary, and tertiary prevention. The greatest contribution of the public health system is primary prevention. Primary prevention focuses on protecting health by providing health promotion and specific protection services before illness, injury, premature death, and disability occur. Primary prevention focuses on the population and the environment.

#### **Challenges**

Part of the challenge associated with these three goals is logistical and practical. For example, how do we find ways to bring busy professionals, residents, and community organizations and institutions together to address common priorities and mobilize the assets in our communities?

Perhaps a bigger challenge is in changing attitude. While many partners in the public health system have started to work collaboratively, most are still used to working independently. Developing and sustaining a transformed public health system over the next ten years requires a commitment to partner and to work together to protect and promote the health of the public and eliminate health disparities. It requires courage to move beyond the boundaries of our disciplines, institutions, and organizations and work together where all the people are the direct beneficiaries of our collective work. Collective work among the partners is requisite if we are to attain our shared vision of healthy people in healthy Wisconsin communities.

#### **Twelve Essential Public Health Services**

The work of the public health system—all the partners around the state—builds from the 3 core functions to encompass 12 essential

public health services. The essential public health services represent an important pathway to attain the public health vision. Leadership for the 12 essential public health services is anchored in state and local health departments and local boards of health. They are responsible for assuring that the services are available and that they are coordinated and shared among the public health system partners in both local and statewide communities. These services must be in place to sustain a strong public health system. Accountability for these services is shared among all the public health system partners. Individual partners will vary in their ability to carry out these services based on organizational mission, resources and capacity. For example, it can be expected that the responsibility for Essential Service #6 “Enforcement” falls predominately to state and local governmental public health agencies, whereas responsibility for Essential Service #3 “Education” is shared among all the partners. As local and statewide public health systems transform over the next ten years, performance measurement objectives and workforce competencies will be developed as the next logical step to monitor progress and increase capacity for coordinating and delivering these services.

**1. Monitor health status to identify community health problems.**

Monitor and assess a community’s health status. Identify community assets and threats to health and determine current and emerging health needs.

**2. Identify, investigate, control, and prevent health problems and environmental health hazards in the community.**

Use health laboratories and other resources to investigate disease outbreaks and patterns of environmental health hazards, chronic disease and injury. Identify relationships between environmental conditions and the public’s health. Develop and implement prevention and intervention strategies.

**3. Educate the public about current and emerging health issues.**

Promote and engage in healthy behavior and lifestyles by making health informa-

tion available in a variety of formats, styles, languages, and reading levels so it can be effectively communicated to the diverse people in Wisconsin. Regularly share and discuss current and emerging health issues with policy makers and decisions makers throughout the state (such as health care providers, elected officials, agency and department leaders).

**4. Promote community partnerships to identify and solve health problems.**

Collaborate with community groups and individuals (including those not traditionally considered connected to “health care”) to address local and statewide determined health and environmental issues. Provide needed infrastructure support to build and maintain inclusive viable partnerships. Develop strategies for assessing and engaging the full range of individual and community assets to improve health.

**5. Create policies and plans that support individual and community health efforts.**

Provide the leadership to drive the development of community health improvement processes, plans, and policies that are consistent throughout the state but address local needs and conditions.

**6. Enforce laws and regulations that protect health and ensure safety.**

Efficiently and effectively enforce state and local laws and regulations that protect and promote the public’s health.

**7. Link people to needed health services.**

Provide education, outreach, case-finding of people outside the system, referral, care coordination, and other services that promote health that help people better use the public health and health care services to which they have access.

**8. Assure a diverse, adequate, and competent workforce to support the public health system.**

Lead and support efforts to improve the quality, quantity, and diversity of health professionals in the state. Promote the development of professional education



strategies and programs that address state and local health needs.

**9. Evaluate effectiveness, accessibility, and quality of personal and population-based health services.**

Regularly evaluate the public health system's performance, processes and outcomes to provide information necessary to define accountability, allocate resources, reshape policies and redesign services.

**10. Conduct research to seek new insights and innovative solutions to health problems.**

Develop partnerships with institutions, colleges, vocational and technical colleges, and universities to broaden the range of public health research (to include, for example, issues and communities that were historically ignored, and emerging issues that need attention). Conduct timely scientific analysis of public health issues. Engage testing of innovative solutions at the local and state levels.

**11. Assure access to primary health care for all.**

Seek out and develop creative approaches to improve access to primary health care for all people, especially those who confront economic, linguistic, cultural, geographic or other barriers.

**12. Foster the understanding and promotion of social and economic conditions that support good health.**

Raise awareness of social and economic conditions that affect the public's health. Promote conditions that improve the health of a community. Engage broad community partnerships between the private, nonprofit, public, and voluntary sectors to confront these issues in order to have a healthy community. Foster conditions that allow families and neighborhoods to nurture and protect children.

### ***Five System (Infrastructure) Priorities***

Five system (infrastructure) priorities are identified in this plan. These priorities represent a major conceptual shift from state health plans of the past. This shift moves us away from reactive "fix it" approaches and toward proactive "build it" approaches to creating healthy communities. Reactive approaches to community health created disconnected "silos of thinking" and "silos of action." Reactive approaches have created separate "corporate cultures" of medicine, public health, education, mental health, social/human services, and environmental health. These corporate cultures are too often disconnected from the larger business, labor, and commerce sectors.

The goals set forth in this plan cannot be fully achieved without a functioning and responsive public health infrastructure. To produce results that improve health, improve the quality of life, save lives, and increase precious preventive health resources requires a strong and sustained public health system infrastructure. The infrastructure supports capacity for the partners to act on the health priorities and foster conditions in which people can be healthy. These priorities are:

1. Integrated electronic data and information systems
2. Community health improvement processes and plans
3. Coordination of state and local public health system partnerships
4. Sufficient and competent workforce
5. Equitable, adequate, and stable financing

At the national level, various reports and evaluations have described the continuing deterioration of the nation's public health infrastructure. A number of health departments are closing; technology and information systems are outmoded and disconnected; emerging and drug-resistant diseases threaten to overwhelm resources; serious training inadequacies weaken the capacity of the public health system to address new threats and adapt to changes in the health care market. All public health services depend on the presence of a basic infrastructure (U.S.

Department of Health and Human Services, 2000).

Infrastructure often refers to roads and bridges, utilities and buildings—the resources that make it possible for us to go about our daily lives. Wisconsin’s public health system also needs a sustainable infrastructure. The 5 system priorities represent the framework necessary to achieve agreed upon outcomes of improved health of the public and improved public health system capacity. The infrastructure allows the public health system to effectively respond to the 11 health priorities identified in the next section of this document.

### ***Why are these 5 System Priorities Important?***

These 5 system priorities represent the basic capacity needed to attain the goals and vision set forth in this plan. The system priorities do not “stand alone.” Rather, they are interwoven and interconnected to the health priorities. They provide essential capacity for the public health system partners to—to carry out the 11 health priorities. They provide support to carry out the core public health functions, mandated in Wisconsin statute, of the department, local health departments, and local boards of health. These mandates are set forth in chs. 250 and 251, Wis. Stats. Finally, they provide support to carry out these functions and essential public health services by the system partners.

Data, information, and technology are needed by governmental public health officials and their community partners. Relevant, accurate data enables the public health system to identify current and emerging threats to the health of the public. Data and information help us understand assets and resiliency. Data and information are the cornerstones for action and evaluation to promote health and prevent disease, injuries, and premature death and disability. This priority is essential to fulfill the core public health function of “assessment.”

Community residents and community leaders need access to local information about

local conditions for local decision making. This priority is essential to fulfill the core public health function of “policy development.”

Communities throughout the state are developing partnerships between government, the public, private, nonprofit, and voluntary sectors to collectively take action that improves and protects the health of all communities. No single system can do the complex work of health—preventing disease, protecting health, and eliminating health disparities.

A sufficient and competent workforce is needed throughout the state to eliminate health disparities, reduce risk and enhance resiliency, prevent injuries, reduce exposure to occupational and environmental risks, and continue to build healthy environments for all people. A sufficient and competent workforce requires knowledge of multiple intervention approaches that include education, social support, laws, policies, incentives, and behavioral change. The workforce needs to know how to effectively influence the health of individuals, families, local communities, and the state population as a whole.

To effectively address the compelling needs set forth in the 11 health priorities, Wisconsin’s public health system partners need sustainable and stable financial resources. Resources support public health system capacity (data/information, planning, partnerships, workforce). Resources help to build shared ownership, to carry out the core public health functions and essential public health services, and are a critical priority if we are to improve the health of the public, achieve our goals, and attain the vision set forth in this plan.

### ***The 11 Health Priorities***

The 11 health priorities listed below are in alphabetical order and are not prioritized. They influence both health and illness and each have behavioral, environmental, and societal dimensions. The health and system priorities are interwoven, complementary, and overlapping.

- Access to Primary and Preventive Health Services



- Adequate and Appropriate Nutrition
- Alcohol and Other Substance Use and Addiction
- Environmental and Occupational Health Hazards
- Existing, Emerging, and Re-Emerging Communicable Diseases
- High Risk Sexual Behavior
- Intentional and Unintentional Injuries and Violence
- Mental Health and Mental Disorders
- Overweight, Obesity, and Lack of Physical Activity
- Social and Economic Factors that Influence Health
- Tobacco Use and Exposure

These health priorities significantly affect a number of key conditions. They have the greatest potential leverage for improving the health of the people of Wisconsin. The key term here is leverage: by working on one risk factor, many diseases or other health conditions can often be improved or eliminated. For example, tobacco has a major influence on the development of lung cancer, asthma, and cardiovascular disease. Similarly, risky

sexual behavior influences diseases such as gonorrhea, hepatitis, HIV/AIDS, and adolescent pregnancy. By addressing tobacco use or risky sexual behavior, we can influence a great number of health conditions and diseases because there is a common underlying cause.

These 11 health priorities are important for all Wisconsin residents. Addressing them requires intensive collaborative action by many partners in Wisconsin's public health system. It requires primary prevention approaches. The outcomes are to reduce the burden of illness and injury, enhance the quality of life, and increase longevity—while also saving lives and resources.

### ***Conclusion***

The responsibility for adhering to the mission and achieving the vision of this State Health Plan rests not only with government, but with all public health partners in Wisconsin. A collective effort can achieve these goals which in turn reduce the burden of illness, enhance the quality of life and increasing longevity—while saving lives and money. By working together, Wisconsin's public health partners can create the environment where healthy people live and work in healthy Wisconsin communities.

# FRAMEWORK FOR WISCONSIN'S PUBLIC HEALTH SYSTEM TRANSFORMATION 2000-2010

## Shared Vision of Wisconsin's Public Health System Partners *Healthy people in healthy Wisconsin communities*

A healthy Wisconsin is a place where...

- All residents reach their highest potential
- Communities support the physical, emotional, mental, spiritual, and cultural needs of all people
- People work together to create healthy, sustainable physical and social environments for their own benefit and that of future generations

### Guiding Principles / Core Values of the Public Health System Partners

#### Mission

**To protect and promote the health of the people of Wisconsin**

#### Core Public Health Functions

1. **Assessment:** Determine community strengths and current/emerging threats to the community's health through regular and systematic review of the community's health indicators with the public health system partners.
2. **Policy Development:** Establish a community health improvement plan and action steps with the public health system partners to promote and protect the health of the community through formal and informal policies, programs, guidelines, environmental changes, and programs and services.
3. **Assurance:** Address current/emerging community health needs/threats through governmental leadership and action with the public health system partners. Take necessary/reasonable action through direct services, regulations, and enforcement. Evaluate the improvement plan and actions, and provide feedback to the community.

#### Essential Public Health Services

1. Monitor health status to identify community health problems
2. Identify, investigate, control, and prevent health problems and environmental health hazards in the community
3. Educate the public about current and emerging health issues
4. Promote community partnerships to identify and solve health problems
5. Create policies and plans that support individual and community health efforts
6. Enforce laws and regulations that protect health and insure safety
7. Link people to needed health services
8. Assure a diverse, adequate, and competent workforce to support the public health system
9. Evaluate effectiveness, accessibility and quality of personal and population-based health services
10. Conduct research to seek new insights and innovative solutions to health problems
11. Assure access to primary health care for all
12. Foster the understanding and promotion of social and economic conditions that support good health

## Overarching Goals

### Eliminate Health Disparities

### Promote and Protect Health for all

### Transform the Public Health System

#### System (Infrastructure) Priorities

- Integrated electronic data and information systems
- Community health improvement processes and plans
- Coordination of state and local public health system partnerships
- Sufficient, competent workforce
- Equitable, adequate, and stable financing

#### Health Priorities

- Access to primary and preventive health services
- Adequate and appropriate nutrition
- Alcohol and other substance use and addiction
- Environmental and occupational health hazards
- Existing, emerging, and re-emerging communicable diseases
- High risk sexual behavior
- Intentional and unintentional injuries and violence
- Mental health and mental disorders
- Overweight, obesity, and lack of physical activity
- Social and economic factors that influence health
- Tobacco use and exposure

### Policy Recommendations

**Actions and Interventions by the Public Health System Partners**

**Outcomes: Improved Health of the Public and Improved Public Health System Capacity**

---

**REFERENCES**

- Center for Health Statistics. (1993). *Minority Health in Wisconsin. Toward a Healthy Diversity*. Madison: Wisconsin Department of Health and Social Services. Wisconsin Division of Health.
- Durch, J.S., Bailey, L.A., & Stoto, M.A. (1997). *Improving Health in the Community: A Role for Performance Monitoring*. (Institute of Medicine). Washington, D.C.: National Academy Press.
- Evans, R.G., and Stoddart, G.L. (1994). "Producing Health, Consuming Health Care." In *Why are Some People Healthy and Others Not? The Determinants of Health of Populations*. New York: Adline De Gruyter.
- Last, J.M. & Tyler, C.W. (1998). In R.B. Wallace, B.N. Doebbeling & J.M. Last (Eds.), *Public Health and Preventive Medicine* (p. 6). Stamford, Connecticut: Appleton Lange.
- Public Health Functions Committee. (1994). *Public Health in America*. (Adapted). Available: <http://www.health.gov/phfunctions>
- Turnock, B.J. (2001). *Public Health: What It Is and How It Works*. Gaithersburg, MD: Aspen Publishers, Inc.
- U.S. Census Bureau. (2000). *Census 2000 Redistricting Data*.
- U.S. Census Bureau. (1990). *Poverty Status in 1989 by Race*.
- U.S. Department of Health and Human Services. (2000) (On line). *Eliminating Racial and Ethnic Disparities in Health*. Washington, D.C.: U.S. Department of Health and Human Services. Available: <http://raceandhealth.hhs.gov/sidebars/sbinitOver.htm>
- U.S. Department of Health and Human Services. (2000). *Healthy People 2010*. 2<sup>nd</sup> ed. 2 vols. Washington, D.C.: U.S. Government Printing Office.
- Wisconsin Department of Health and Family Services. (2001). *Minority Populations in Wisconsin*. (On line). Madison: Wisconsin Department of Health and Family Services. Available: <http://www.dhfs.state.wi.us/Health/MinorityHealth/WIminorityPopulations.htm>
- Wisconsin Department of Health and Social Services. (1990). *Healthier People in Wisconsin—A Public Health Agenda for the Year 2000*. Madison, Wisconsin.





The logo consists of three overlapping white circles on a background split vertically into black (left) and red (right).

Wisconsin Department of Health  
and Family Services

Division of Public Health  
1 West Wilson Street  
Room 250  
Madison, WI 53702  
PPH 0275 (04/02)

[www.dhfs.state.wi.us](http://www.dhfs.state.wi.us)  
[www.wisconsin.gov](http://www.wisconsin.gov)